

Foster Family Home - Corrective Action Report

Provider ID: 1-100066

Home Name: Charity Sabangan, CNA

Review ID: 1-100066-5

94-1124 Kahuanui Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/6/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/6/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/6/19.

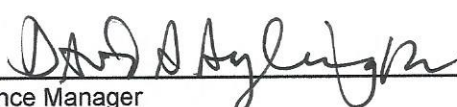
6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [11-800-41]

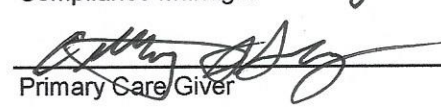
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1 and CG #4. Expired on 5/5/19.


Compliance Manager

5/6/19
Date


Primary Care Giver

5/6/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Charity Sabangan**

CCFFH Address: **94-1124 Kahuanui St. Waipahu HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	<p>No current Blood Borne Pathogen certification for CG#1 and CG#4 Expired on 5/5/19</p> <p>I have obtained current certification for Blood Borne Pathogen for CG#1 and CG#4 on 5/10/19. I have placed the certificates in my CCFFH binder.</p>	5/10/19	I have placed the expiration dates for Blood Borne Pathogen for all CG's on my phone calender. I have a reminder set for 1 month prior to expiration. I also have a list of expiration dates on post it notes in my CCFFH binder for each CG.

Primary Caregiver's Signature: _____



Print Name: **Charity Sabangan**

Date of Signature: **05/10/2019**